

The Norwegian Health Atlas

Engaging professionals, policymakers and
politicians

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Presentation

- The Norwegian health care system
- Norwegian atlas organization
- The Norwegian health atlas
- Clinical engagement in health atlas development
- Impact on governance and politics
- Some results for patients

NORWAYS HEALTH CARE SYSTEM AT A GLANCE

- 5 million inhabitants
- 4 regional health authorities – RHA
- 19 public hospital trusts - HT
- 50 public hospitals

Western Norway,
1.0 mill. inh.

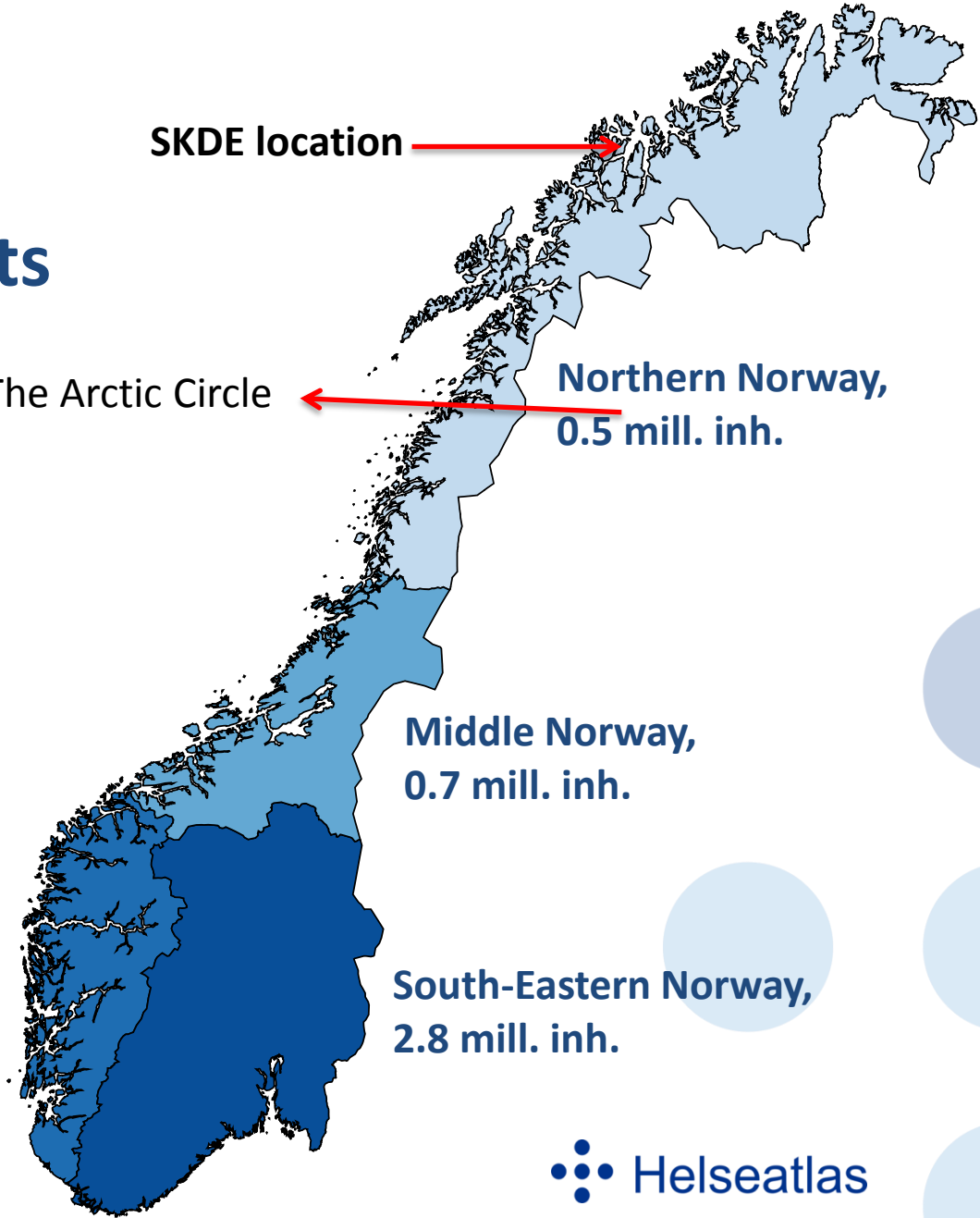
The Arctic Circle

SKDE location

Northern Norway,
0.5 mill. inh.

Middle Norway,
0.7 mill. inh.

South-Eastern Norway,
2.8 mill. inh.



Norwegian health atlas organisation

- Center for clinical Documentation and Evaluation (SKDE)
 - Established as an analysis unit in 2004 to serve the regional health authority of Northern Norway and the 4 hospital trusts
 - 2009 assigned national service functions for medical quality registries
 - Status 2017 - two sections
 - Quality registry services section (3 statisticians, 5 advisers)
 - Analysis section (8 analysts)

Why health atlas in Norway?

- **Health care is mainly publicly funded**
- **Broad political consensus** about equal access to health services in Norway - regardless of living area, gender, age...
 - Universal health care system
- **Analysis of small area variation – the most powerful approach to study over- and undertreatment**
 - Brownlee et al, Evidence for overuse.....Lancet 2017
 - Glasziou et al, Evidence for underuse Lancet 2017
 - Saini et al, Drivers of poor medical care.... Lancet 2017
- **Aim for the Norwegian Atlas project**
 - Reveal unwarranted variation
 - Engage clinicians, politicians and management
 - Hopefully stimulate change in clinical practice in Norway

Equality in health care - regardless of where you live?

The Norwegian healthcare atlases compare the utilization of health care services between geographical regions, and the atlases consist of three elements; interactive maps, fact sheets and a report.



NEONATAL ATLAS, 2009-2014



INTERACTIVE MAP



REPORT



FACT SHEETS



READ MORE



CHILD HEALTHCARE ATLAS, 2011-2014



INTERACTIVE MAP



REPORT



FACT SHEETS



READ MORE



DAY SURGERY, 2011- 2013



INTERACTIVE MAP



REPORT



FACT SHEETS



READ MORE

About

Child healthcare atlas for Norway

An overview and analysis of publicly funded somatic health services for children (0-16 years) in Norway in the period 2011-2014.



...s, total - Primary healthcare (All

ns for children under the age of 16 years y the Norwegian Health Economics (FO) with no patient charges. The GPs sibility for children's health services and ecialist health service if the GP or the ialist assessment. Children are seen by healthcare services outside of ordinary

...areas	Rate	Number	Inhabit...
	153 231	141 518	91 673
	154 442	50 973	33 344
	154 949	66 383	43 186
	158 098	24 086	15 332
	160 625	100 562	62 253
	160 652	60 291	37 609
	162 108	64 176	39 744
	164 244	166 702	95 564
	164 622	88 575	54 199
	165 394	122 865	75 231
	165 661	38 251	23 330
	166 592	137 743	81 507
	172 279	49 585	29 056
	173 040	98 262	57 341
	174 781	111 357	63 768
	178 204	178 110	100 582
	181 195	81 297	45 330
	181 220	196 474	108 469

click on national rate for comparison

Number	Inhabitants
1 777 206	1 057 514

Published health atlases

- **January 2015: Day surgery** atlas published
- **January 2015:** The national pediatric association suggested a **child health atlas** which was published in **September 2015**
- **December 2016: Neonatal treatment** atlas published using data from a national quality register
- **June 2017:** Atlas over **Health care for the elderly** published
- **September 2017: Chronic obstructive pulmonary disease** atlas to be published

Planned atlases

- **Orthopedic and Psychiatric treatment atlases** from a collaborating analysis unit
- **Gender specific** (childbirth and female health care) atlas (estimated publication 2018)
- **Cardiovascular disease** atlas (2018-2019)

“HOW DO WE DO IT?”

- NATIONAL PATIENT DATABASE
- NATIONAL DISEASE-SPECIFIC QUALITY REGISTERS
- Multidisciplinary approach
 - Physicists, sociologist, oncologist, political scientist, physiotherapist, pharmacist, epidemiologist, surgeon, legal expertise, social economist, journalist

Clinical participation

- **Why?**
 - Define relevant topics and recognizable descriptions
 - Legitimacy
 - Contribute to in depth analyses and report
 - Ownership to results and challenges
 - Change in patient treatment has to be made by clinicians
- **Who?**
 - Interested clinicians with legitimacy
 - Norwegian Medical association with specialty groups
 - Clinical leaders of National Medical quality registers
 - Active clinical voices in public debate
 - Carefully selected individuals

External clinical participation

- **For what?**
 - Identifying topics and definitions: what to present?
 - Authoring and quality control
- **How?**
 - Reference groups
 - Working groups
 - Writing groups
 - Authoring
 - Theme editor

Experiences

- **How to recruit professionals**
 - Listen to suggestions for topics from clinical stakeholders
 - First identify very interesting variation in a relevant area
 - Then ask them what this variation implies – “hard” sell
 - Then ask them to join the party
 - An external “writing group” is much more demanding than an external reference or advisory group
- **Keeping the professionals happy and engaged**
 - Give them “room” within sensible frames
 - Be tolerant and use whatever diplomacy available – be aware of the narrative
 - It is essential to establish the role of a Chief Editor from SKDE – and to exercise this role

Experiences with using clinicians

- **Engaging specialty groups – wins and losses**
 - “Losses”
 - Takes time – active clinicians do not prioritize “bureaucrats” on a short notice
 - Requires a substantial amount of time and work for the developers
 - Requires basic diplomatic skills And some more
 - Wins
 - “Genuine” clinicians promoting the atlas - prevents immediate rejection
 - Formal institutions “receiving” the atlas
 - A short-cut to bring the atlas to active clinical debate

Governmental attention

- Bureaucratic breakthrough
- Political breakthrough

2015

Variation not mentioned

Health Minister Annual
Hospital speech

Ministry of Health
and Care Services

National commissioning document

The day surgery
atlas was
published in
January 2015,
followed by:

Commissioning document to trusts

Hospital Trusts (HT)

Midterm commissioning
document

*"..compare the use of health
services as shown in the new
national atlas..."*

2016

The Ministers Annual Hospital speech

Unwarranted variation

Ministry of Health and Care Services

"Facts about variation in service should be used as..."

"It is a paradox that patients are waiting for unnecessary treatment..."

Commissioning document

Unwarranted variation

"Reduce unwarranted variation..."

Unwarranted variation – all over the place...

Commissioning document to trusts

Unwarranted variation

Hospital Trusts (HT)

Strategic plan for 2016-19

Unwarranted variation

"Variation may indicate poor quality and can impose a threat to patient safety"

Indicators to measure unwarranted variation – a potential success story

- The Regional Health Authorities atlas organization (SKDE) was assigned to develop indicators of unwarranted variation in clinical practice for governing the service

Process of establishing 9 national clinical indicators

- Registry leaders of clinical quality registries were defined as key stakeholders
 - Ensure legitimacy, comprehensiveness, quality and clinical relevance
 - Several charismatic and respected leaders in the medical field were engaged
 - Engaged in selection, interpretation and implementation of indicators

Recommended indicators for governance toward reduced variation

- Nine indicators within five clinical fields recommended in a report from SKDE in November 2016
 - Heart attack
 - Stroke
 - Breast cancer
 - Joint prosthesis
 - Hip fracture

What happened in 2017?

“The targets identified in the 9 indicators for measuring unwarranted variation from SKDE are to be used in the Trust priority work”

ing document

ed variation

ment to trusts

variation

Political and bureaucratic influence of health atlas in Norway

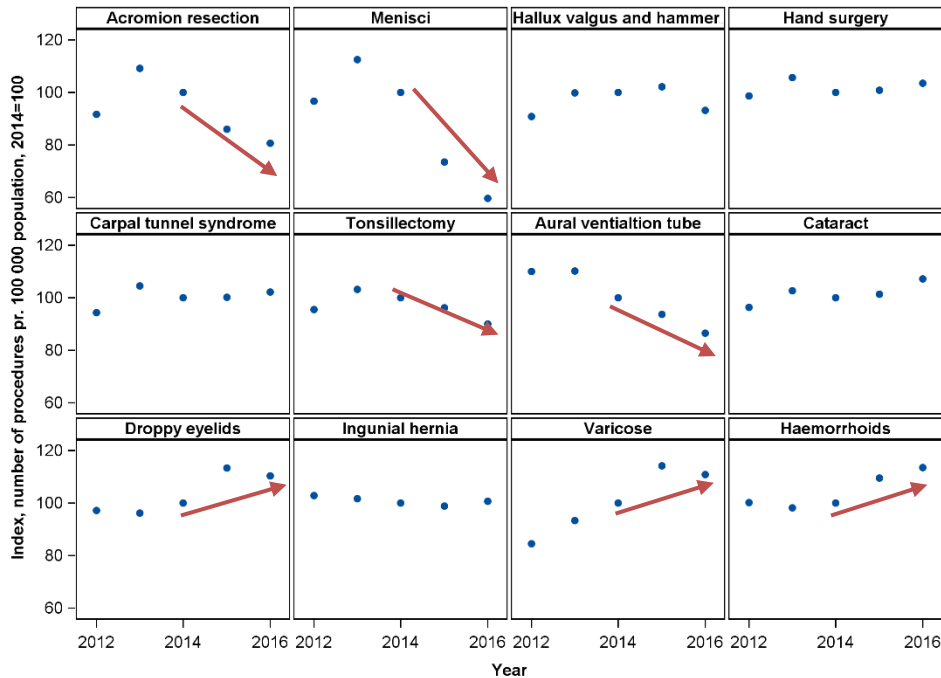
- Surprising and impressive impact on policy and governance
- Almost no signs of serious conflict or association with the main enemy of all health care professionals - "New Public Management"

The Norwegian health atlas project

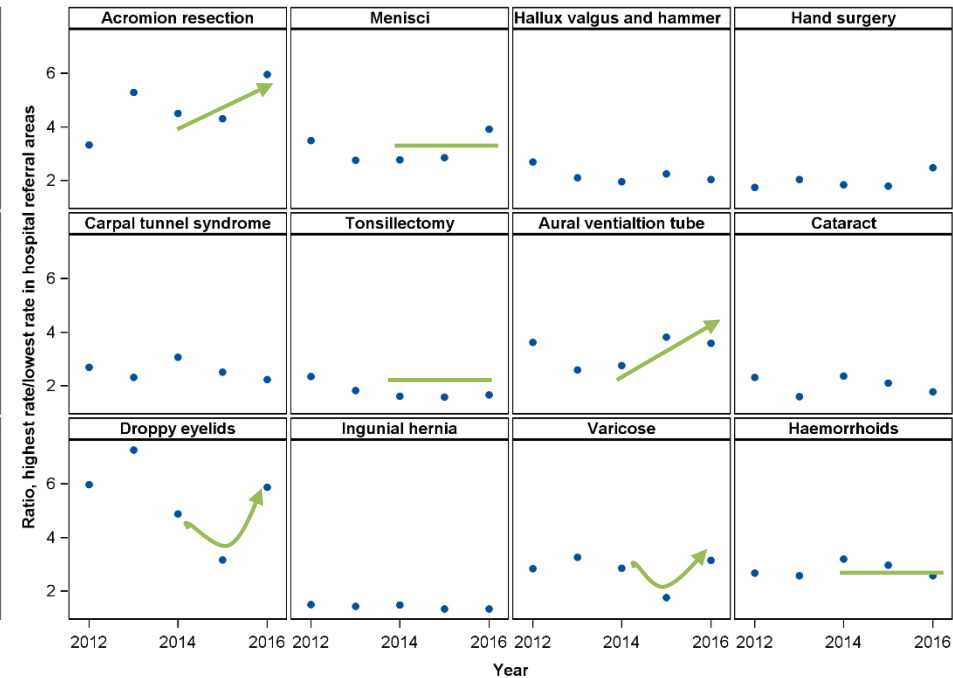
An amusing analytical exercise or a stepping stone for change?

Update day surgery – change in clinical practice?

Number of operations



Ratio of variation



- “Dramatic” reduction where suspected overtreatment
- No obvious relation between changes in volume and ratio of variation over a time period

Clinical effect of health atlas in Norway

- Change takes time
- Some indications that the most obvious outliers are already being addressed
- Requires a focused collaboration between managers and clinical leaders – this is only in the advent phase

Thank you!